



PLEASE READ <u>MANDATORY</u> INSTRUCTIONS CAREFULLY AND COMPLETE <u>ALL</u> STEPS BEFORE SUBMITTING APPLICATION IN PERSON

1.)

Failure to do so may result in the delay of, or inability to accept your application.

- 2.) USE BLACK INK ONLY PLEASE TYPE OR PRINT. Your phone number must be listed on the upper left hand corner of the enclosed two (2) State Applications (PPB-3) and they must be completed and submitted WITH SIGNATURES. No copies. The spaces indicating "LICENSE NUMBER", "COUNTY ISSUE", "CODE", "DATE OF ISSUE" AND "NYSID NUMBER" ARE TO BE LEFT BLANK. Beginning with your last name, FILL IN ALL THE INFORMATION IN THE GREY SHADED AREAS. Then continue by completing the rest of the information.
- **3.)** The applicant's signature **MUST be ACKNOWLEDGED ON ALL FORMS**, by either a Notary or Commissioner of Deeds. **The Jurat** is for the Notary or Commissioner of Deeds signature.
- **4.)** Applicants must be twenty-one **(21)** years of age. Immigration documentation is required for non-citizen applicants. For U.S. Citizens born outside of the United States, proof of citizenship must be provided.
- 5.) Please submit with your application two (2) photographs 2" x 2" (inches) black and white or color. NO MACHINE OR AMATEUR PHOTOGRAPHS will be accepted. PLEASE PRINT YOUR NAME ON THE BACK OF EACH PICTURE. Pictures are available for a \$10 fee next door in the Erie County Clerk's Administrative Office.
- 6.) ALL REFERENCES MUST LIVE IN ERIE COUNTY. All references MUST sign BOTH State Applications. In addition, your four (4) character references must live in your city, town, or village, unless prior written approval is obtained from your local Police Agency and such approval must be with your application.
- **7.)** Applicants must have instructions in the safe handling of firearms from a certified instructor, and proof of such training must be submitted with the application.
- 8.) All applicants must complete form entitled affidavit. This portion of the form must also be notarized.
- **9.)** The backs of BOTH applications (Forms PPB-3/PPB-3A) **must** contain the applicant's **SIGNATURE** and **ADDRESS**, directly above the section labeled "INVESTIGATIVE REPORT".
- **10.)** If you are requesting **Personal and/or Business Protection** and are applying for **Personal** Protection, you must **STATE IN DETAIL YOUR NEED FOR SUCH PROTECTION.** This portion of the affidavit must also be notarized.
- 11.) If you are requesting Personal and/or Business Protection and are applying for Business Protection, you must complete the Business Protection Affidavit, STATING IN DETAIL YOUR NEED FOR SUCH PROTECTION. If you are the owner of a business, please submit a copy of your corporate minutes indicating your position with the business, DBA or Business Certificate. If you are applying for a license in connection with present or proposed employment, you must submit a letter from your employer on company letterhead or a notarized letter from your employer verifying both your employment and the need for you to carry a weapon as part of your employ. This portion of the affidavit must also be notarized. Submit with your completed application.
- 12.) IF YOU HAVE EVER BEEN ARRESTED, OR CHARGED FOR ANY OFFENSE EXCEPT MINOR TRAFFIC INFRACTIONS (SPEEDING OR STOP SIGNS) YOU MUST SUBMIT A CERTIFICATE OF DISPOSITION FOR EACH ARREST WITH YOUR APPLICATION. Certificates of Disposition can be obtained from the Court where your case was heard. YOUR FAILURE TO DISCLOSE ANY CRIMINAL CHARGE, (EVEN IF DISMISSED AND SEALED), WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION.
- 13.) COMPLETED APPLICATION MUST BE SUBMITTED IN PERSON before 4:00 pm (3:00 pm*) to the Erie County Pistol Permit Department. The application MUST BE ACCOMPANIED BY A NON-REFUNDABLE \$20.00 permit processing fee, payable by cash, personal check or money order.

The fingerprinting process will be explained with the submission of your completed application.

14.) Erie County Pistol Permit Hours: Monday, Tuesday, Thursday, & Friday from 9:00 am - 4:45 pm **Wednesday - CLOSED**

AFFIDAVIT-ALL QUESTIONS MUST BE ANSWERED

I	residing at	
(Name in full)	(Maiden Name)	(Physical Address)
	(Mailing Address if different)	
	ew York being an applicant for a handgun	permit,and being duly sworn, depose and make answe
the following:	annaharatakantida marakki Cimla	One NEC NO
	g member of a bonafide gun club? Circle	e One YES NO
2) Relate any prior experience (training with weapons) such as military ser	rvices, gun clubs, hunting, etc
3) What provisions have you ma	de to keep weapon secreted in the home, or	r place of business? Explain:
4) Are there children residing in	your home? Circle One YES	NO Ages
5) Explain when and during wha		ıl possession:
6) Are you receiving treatment for	or any illness? If so, state the nature of you	ır illness:
7) Do you have any physical or v		
8) Please designate a person who of your subsequent incapacity or		I permit office and surrendering your gun(s) in the even
Name:	Pl	hone:
Address:		
9) If you are not a citizen of the	United States, why do you require a permit	1?
Sworn to and subscribed before	me this day	
	, 20	Signature of applicant
	_, 20	
		Notary public or Commissioner of Deeds
REQUEST FOR PERSO	NAL AND/OR BUSINESS PROT	TECTION ON PISTOL PERMIT
70. M2	227	
1) Reason for request in de	tail:	
2) Hours when permit will	be carried for business or personal p	protection:
Sworn to me this	day of	20
NOTABY BUDLIC COMMISSIONED	OF DEEDS HIDGE OF HISTIGE APP	DITCANT'S SIGNATUDE IN EULI

Cell Phone #	Home Phone #	
E-Mail Address		
Address		
Country of Birth_ Any additional last names you were ke	nown by:	
Character References-N	Relatives or Employees of the Erie County Sheriff's	Department
NAME:	/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
Work Phone #	Date of Birth:	
NAME:	/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
Work Phone #	Date of Birth:	
NAME:	/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
Work Phone #	Date of Birth:	
NAME:	_/ Maiden name:	
Address:		
Home Phone #	Cell Phone #	
Work Phone #	Date of Birth:	

NOTICE TO APPLICANT:

YOUR CHARACTER REFERENCES WILL BE INVESTIGATED FOR A PAST CRIMINAL HISTORY. A CHARACTER REFERENCE WITH AN ARREST RECORD COULD BE UNACCEPTABLE AND DELAY YOUR APPLICATION.

THE FINGERPRINTING PROCESS WILL BE EXPLAINED TO YOU UPON RECEIPT OF YOUR COMPLETED APPLICATION

PERSONAL INFORMATION REGARDING APPLICANT

TO BE COMPLETED BY INVESTIGATING OFFICER

NAME:	Date Interviewed
Investigating Officer (Print Name):	
Date of Birth:	Place of Birth:
Present Address:	
Former Address:	
Employer:	
Address of Employer:	
How Long? Job Title:	
Former Employer:	
Address:	
1) Children: Living/using area where	handgun will be stored, kept or used?
(Circle one) YES NO	O Ages:
If yes, how will they be safeguarde	ed?
2) Do you drink alcoholic beverages to	excess or use any medication or drug that might impair your judgment?
If yes, explain:	
3) Do you have any personal, mental or safety if you were armed?	emotional problem which could cause you to act in any manner which would be a threat to public
If yes, explain:	
4) Reason for permit:	
5) Police Record:	
Additional Information:	



County of Erie

CHARACTER REFERENCE REQUIREMENTS (Instruction #6 on Application Instructions)

The Erie County Pistol Permit Department works with numerous law enforcement agencies as part of the application process. Each police agency has its own requirements concerning acceptable references. Please note, the applicant must be aware of their city, town or village of RESIDENCE, (NOT mailing address), because their local police department is the agency which will handle the background checks of the applicant and references.

Below is a list of acceptable references, for each jurisdiction:

AMHERST: At least 2 references must live in Amherst, the other 2 may live anywhere in Erie

County.

BUFFALO: Preferably all 4 from the City of Buffalo.

CHEEKTOWAGA: All 4 must live in Cheektowaga.

EAST AURORA: At least 2 references must live in East Aurora, the other 2 may live

anywhere in Erie County.

LANCASTER: At least 2 references must live in Lancaster, the other 2 may live

anywhere in Erie County.

TONAWANDA (CITY): All 4 must live in the City of Tonawanda

TONAWANDA (TOWN): All 4 must live in the Town of Tonawanda or Village of

Kenmore.

The Erie County Pistol Permit Department <u>CANNOT</u> make exceptions to the above requirements; those must be made by an authorized person at the specific police department.

Applicants who live in any other towns, villages and cities with either their own police agency or that are served by the Erie County Sheriff's Department, may use anyone in Erie County as a reference.

REGARDLESS OF POLICE AGENCY, NO REFERENCES CAN BE RELATIVES OF THE APPLICANT, OR EMPLOYEES OF THE ERIE COUNTY SHERIFF'S DEPARTMENT.

THIS INFORMATION IS CURRENT AS OF 03/26/2015, AND IS SUBJECT TO CHANGE AT ANY TIME, WITHOUT PRIOR NOTICE.

HANDGUN SAFETY COURSE (Instruction #7 on Application Instructions)

A DD-214 form is acceptable in lieu of a handgun safety course certificate.

FINGERPRINTING (Instruction #13 on Application Instructions)

The entire fingerprinting process, including fees, locations and scheduling, will be explained with the submission of your completed application.

Phone#:				P	olice Agency:	
In accordance with the Federal Priva	cy Act of 1974, you are	e hereby notified that	your Social Security I	Number is not mandate	ed by law. It is req	juired by the
Pistol Permit Bureau as part of the sto	J C		•		•	iction from
being recorded. The State Police will	release your Social Se	ecurity Number only	for reasons required b	y law or with your wr	tten consent.	
			INS	TRUCTIONS. Print or t	type in black ink onl	y
NYSID NUMBER	PDD 4 (PDV) 6	2014		COUNTY OF ISSUE		
LICENSE	PPB-3 (REV. 0			ERIE	< /	CODE
NUMBER		STATE OF NE	W YORK			
DATE MONTH DAY YEAR OF ISSUE	PISTOL /R	REVOLVER LICENSE	APPLICATION	GOOD UNTIL F	REVOKED	DAY YEAR
LAST NAME		FIR	ST NAME		MI MONTH DAY	Y YEAR SE
	.					
RESIDENCE ADDRESS			CITY/VII LAGE/TOWN AND ST	ATE IF OTHER THAN NEW YORK	DATE OF BIRTH	ODE
	.					
HGT (ins) WGT (lbs) EYES HAIR RACE	SOCIAL SECUR	RITY NUMBER	PRESENT OCCUPATION		CITIZ	EN OF U.S.A.
					_ Y	YES NO
EMPLOYED BY	NATURE OF BUSINES	ss	BUSINESS ADDRESS			
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* POSSESS/ CARRY DURING EM	PLOYMENT (* Prem	ise address or place of	employment must be p	rovided)		
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GIVE FOUR CHARAC	CTER REFERENCES V	WHO BY THEIR SIG				
LAST, FIRST, MI	STREET ADDR			VILLAGE, TOWN	SIGNATURE	
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1						
HAVE YOU EVER BEEN ARRESTED	, SUMMONED, CHAR	GED OR INDICTED	ANYWHERE FOR AN	Y OFFENSE, INCLUD	ING DWI (EXCEI	PT
TRAFFIC INFRACTIONS)?	· —		THE FOLLOWING IN	, , , , , , , , , , , , , , , , , , ,	`	
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HAVE YOU EVER UNDERGONE TREATM					☐ YES	S U NO
HAVE YOU EVER SUFFERED ANY MENT PRIVATE INSTITUTION, FOR MENTAL II		CONFINED TO ANY HO	OSPITAL, PUBLIC OR		YES	S NO
HAVE YOU EVER HAD A PISTOL LICENS	SE, DEALER'S LICENSE, (☐ YES	S NO
FOR SUCH A LICENSE DISAPPROVED, O DO YOU HAVE ANY PHYSICAL CONDITI				F		
A HANDGUN?	THOMES A CANAGE A DE	CONTRACTOR OF COMM	DWIGE DEEN A GUDWIG	TO.	☐ YES	S U NO
HAVE YOU EVER BEEN CHARGED, PETI OF A PROCEEDING IN FAMILY COURT?		SPONDENT, OR OTHE	RWISE BEEN A SUBJEC	T	☐ YES	S NO
IF ANSWER TO ANY QUESTION IS YES, F	EXPLAIN HERE:					
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	ANY OMISSION OF	F FACT OR ANY F	ALSE STATEMENT	WILL BE SUFFIC	IENT CAUSE	
	TO DENY THIS API		CONSTITUTES A C	RIME PUNISHABL	E BY FINE,	
PHOTOGRAPH	IMPRISONMENT, (OR BOTH.				
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	2. ANY LICENSE ISSUED AS	S A RESULT OF THIS APP.		ONLY FOR A PISTOL OR	TD	
	3. IF I PERMANENTLY CHA	ANGE MY ADDRESS, NOT	ICE OF SUCH CHANGE AND	MY NEW ADDRESS MUST		
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0. LEFT THOMB	7. LEFT FO	OREFITOER	6. LEFT MIDDLE FINGER	2. EEFT KING FINGER	10. LEFT ETTTE FINGER
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NOTICE COLORS STATE OF NEW YORK	In accordance with the Federal Priv. Pistol Permit Bureau as part of the s being recorded. The State Police wi	tandard for recording	Firearms. Failure to d	isclose your Social Secu	rity Number will pro	hibit your transaction from
STATE OF NEW YORK				•	UCTIONS: Print or typ	
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BAYE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE: RAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? YES NO						
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Police Agency:_

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